

Brook, York Town

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William Henry

Lectures on Midwifery  
by  
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Abstracts of Lectures  
on the theory and practice  
of Midwifery.  
By ~~Cotton~~ McKenzie M.D.



LECTURE 1<sup>st</sup> or the Introduction  
On the Rise & Progress of Midwifery  
Among the ancient Surgeons this  
branch was but little known cultivated  
or practised. Hippie was promiscuously  
practised by all sorts of people & Hippocrates  
was the first who wrote on Midwifery, tho'  
tis very uncertain whether he ever deliv-  
ered, yet he has divided labours into  
three (kinds) Classes somewhat like  
the moderns. The first & natural, was  
the head presents with the vertebrae  
the Os. Sacra & the face to the hollow  
of the vacuum. In this case he advises  
the woman to be delivered by the  
natural pains, in w<sup>ch</sup> he is followed by the  
Moderns. — The second class he calls  
preternatural, i.e. when any other part  
presents, as the feet, arms breast  
&c. here he advises that the  
child be turned so that the head pre-  
sents adding if the legs present & we  
cannot get them back enough so  
Cas



as to turn the Child, he would advise cutting  
 off the legs & thighs as high as possible  
 to make the Child shorter & fitter for turn-  
 ing. But Celsus found this method in-  
 advisable, as he could not always turn  
 the Child so that the head would present  
 therefore says if the feet present or any  
 other part, we should endeavour to  
 bring it along the vagina & deliver the  
 Child. This method is now universally  
 followed by the Moderns for we find if  
 the Uterus be ever so much contracted  
~~and~~ if we can get hold of the feet, the  
 Child will be easily delivered.

The third, is when the head has lain a long time in  
 the passage and sticks so fast, as not to be delivered  
 by the natural Opains in this case, his advises open-  
 ing the head, and to evacuate the Brains, so as to  
 render the bones capable of lapsing over each  
 other, by which means the Head might more easily  
 pass but this practice is intirely laid aside  
 for we see by daily experience, that the head  
 may lie in the passages many hours and yet  
 the Child be delivered alive, without the assistance  
 of the Forceps - (but)



and if we find the head cannot be delivered on acc.  
 of its largeness, or deformity of the Pelvis, by natu-  
 ral pains and the woman almost sunk, we must  
 endeavour to extract the head with the Forceps  
 if it is low down and not destroy the child,  
 unless the mother's life is in danger without  
 delivery, turning children in narrow pelvis  
 - is entirely laid aside, and I think with great  
 propriety. The first hint of turning  
 children was given by Mascion, succeeded  
 to Celsus. Pary was the first who propos-  
 ed bringing down the feet in pretermat-  
 Cases, his pupil Guillemeau was re-  
 next, he made but few additions to his  
 instructor's precepts - Mauriceau was  
 the first who wrote a regular treatise on  
 Midwifery his Lectures on Laborious  
 Cases are worth reading - Chamberlain  
 was a great practitioner in London co-tem-  
 porary with Mauriceau in France, he  
 boasted of a secret <sup>by which</sup> ~~that~~ he could deliver any  
 woman, be her case ever so difficult -  
 It is supposed his secret was the Forceps  
 He was however disappointed in an  
 attempt in France. He has translated  
 Mauriceau



Maurician's works into english with  
 Observations of his own - December was  
 the next, and is worth perusing if we don't  
 mind his oblique cases, for he supposed the  
 uterus was obliquely situate, the child's  
 head could not be extracted, he recommends  
 turning the child & bringing it away by the  
 feet - But I am of opinion that if the uterus  
 is obliquely situate, the child may notwith-  
 standing be delivered the natural way & that  
 the case seldom if ever requires turning  
 Portall's flooding cases are worth our observat.  
 Tomkins's Translation of Le Moite, are strong-  
 ly recommended by some. Le Moite was cer-  
 tainly a very good practitioner. Chapman  
 published in 1703 & is the first who suppo-  
 sed Chamberlain's secret was the forceps  
 which he published for the use of the public.  
 Burton is recommended but is full of theory  
 Gifford in 1704 he is not to be followed in  
 his laborious cases as he recommends  
 great force to be used w<sup>th</sup> the forceps w<sup>ch</sup>  
 ought never to be used. his flooding cases  
 are well wrote. D. Muls first discovered  
 that the child came down w<sup>th</sup> one ear to  
 the Pubis & the other to the Sacrum  
 w.<sup>c</sup>



which is the true presentation in all laborious  
cases - The Ancients thought the face always  
came down to the Vacuum, but we find in  
preternatural Cases it sometimes does not  
Smellie is the best practical Author for a  
Man-Midwife & treats extremely well con-  
cerning the application of the Forceps & has  
made a great addition to Midwifery - He im-  
proved on the forceps by using the short-  
curved instead of the long ones before used -  
but he is not wholly to be followed, as he in  
some Cases recommends the forceps when  
the head is high up, w. which never  
becomes - Mauriceau & Lecrotte  
Portall on flooding Cases & Smellie are good Authors -

## Lecture 2<sup>d</sup> on the structure of the Pelvis

The pelvis is composed of the following bones -  
Viz Os sacrum, coccygis and os innominata

The pelvis is more spacious in the females than in  
Males, and we find in them the os coccygis is  
more movable Smellie thinks it may be length-  
ened two inches but I deny it, some have ima-  
gined that the bones are capable of separating  
from each other in laborious cases, This I think



has happened but Doctor Hunter thinks not  
the pelvis is broadest and most capacious in its  
upper part. Its form is nearly cylindrical, its width  
from side to side than from pubis to sacrum —  
a well formed pelvis is from four to five inches  
and about five or six from side to side, I remember  
the case of a woman who had several children  
and easy labour but as she advanced in years  
was tormented with Rheumatism. after w.  
she had 2 or 3 children with difficulty so  
that being with child again, all the practi-  
sioners in Derby w. not say her, upon w.  
Mr. Bright from undertakes to deliver her —  
when she was in labour he attended & tho:  
she had violent pains he could not get the  
child down, <sup>upon which</sup> he sent for an assistant, who  
endeavoured to extract by opening the Head  
but could not; at last by the blunt Hook, re-  
tore the head off but could not extract the  
body. The woman died & when she was  
opened the Sacrum was found projecting  
so near the pubis that there was but  
an 1/2 Inch between them. We can never  
judge of the dimensions of the pelvis  
by the pubis but by the Projection of  
the



the vacuum, Davenport was the first who  
took notice of y<sup>e</sup> Axis of the Pelvis, but  
there is no common Axis, it is generally  
downwards and backwards not according  
to the axis of the Body, for if we were to  
pass our finger in the direction of that  
we would never find the Os. Pubis, by this  
we may discern that the Forceps cannot  
be applied till the Head is low down,  
as we cannot incline the Handle far  
enough back. Nothing more difficult  
in laborious cases where the forceps  
are to be applied than to know the situ-  
ation of the Child, state of the Pelvis &  
the true cause of Retardation w<sup>ch</sup> is abso-  
lutely necessary to a judicious applica-  
tion of them - we should be always care-  
ful to support the Perineum <sup>well</sup> with one  
hand & press y<sup>e</sup> Vertex rather than  
force it out with the other for w<sup>th</sup> the  
Tumour is formed by the child's Head  
the Perineum is stretched very  
thin & is easily lacerated if not  
carefully supported - The women  
Practitioners by generally using too  
much



much force often lacerate the perinaeum, & if  
thru the sphincter ani frequently commences  
the Rectum, hence arise very tedious and  
dreadful consequences. The Coccyx is never  
any hindrance to delivery. When the child enters  
the Pelvis he will enter w<sup>th</sup> the head diagonally.  
A crooked Spine will not always occasion  
a distended Pelvis. If the child can enter the  
Pelvis's brim he will pass the Spine's Pro-  
cess. In the Skeleton the two Os. Iliac join  
the pubis but the articulation is not so  
firm in women as in Men. The Os. Pubis  
called by women the spine bone is situated  
in the fore part of the Pelvis, & I think that  
the Uterus &c. lying in it render it capable  
of becoming larger, i.e. of by the Bones  
giving way <sup>in some degree</sup> at their articulation.

The Os. Sacrum forms the posterior part  
where it is flat & reflected backwards,  
it is well formed, w<sup>h</sup>en it inclines forward,  
& is turned upwards, tis ill formed. We  
should never apply the forceps till the  
head is below the symphysis Pubis, w<sup>h</sup>en  
you can feel the Head by introducing  
only 7



only the first joint of the finger, & then  
you may be always sure of success.  
The Child never passes in a straight  
line but always in a curve, a Fetus  
of 2½ Inches will never be delivered at  
full time — we should be cautious of pro-  
curing stools till the danger is over, un-  
less we suspect a large collection of  
Feces in y<sup>e</sup> Intestines, the patient being  
then liable to catch cold — Bleeding is  
always useful in the Pregnancy when  
the pain of the head is violent, strong  
Pulse and other symptoms of plethora  
attending, but tis always necessary to con-  
sider the state of the woman first as we would  
wish to avoid this evacuation where the consti-  
tution is considerably broken by having had  
many Children &c. here keeping the Body  
properly open.



# Lecture 3<sup>rd</sup> of Genitalia in the external Parts

The first part that presents is Mons Veneris w. is a fleshy prominence situated on the upper part of the Symphysis Pubis & is covered with hair - The two Labia begin from the Mons Ven. & are little more than the foldings of the skin w. a adipose Membrane - These are very vascular, as they wind down they become longer & broader decreasing gradually till they are insensibly lost in the perineum - They are subject to many diseases as Inflammations Tumors Echinomorphia Muxtures Dropsy &c. (I had a case where I was about to open the head with Scissors, but it being swelled to an enormous size <sup>burst</sup> & a large quantity of blood was lost w. I suspect came from the round Ligament) At the opening of the Labia just before the Symphysis Pubis is a large projection called Clitoris w. grows insensibly at its lower end is a protuberance called Glans Clitoridis over w. hangs a loose fold of skin distinguished by the name of Clitoridis preputium - The Clitoris seems at first sight analogous to the penis in Men except in size but it does not stand straight when



when erected, and its glands are drawn <sup>12</sup> to-  
wards its roots, neither has it any urethra or  
Gonorrhea Spongiosa, it has two crura w: run  
curved to the Os pubis. The rector Chloridis  
is somewhat similar to the rector Perio. The  
Crura press against y. Ischium in Coitus  
From y. glands of Prostatitis Chlor. arise  
the labia interna, or clitoridis w: run down-  
wards & are soft in perineo. their use is to in-  
crease the Orifice of the Vulva. The Meatus  
Urethrales lies at y. bottom of a smooth  
surface, w: extends from the gland Chlo-  
ridis Just under the Uropygii Pubic  
is easily discovered in women who have  
had Children by the protrudances, but  
in those who had none & virgins it is  
more inward under the Pubis so y.  
we can scarce discern where the Orifice  
is introducing the Catheter we must  
place it under the Uropygii Pubic &  
by keeping in the middle of it we shall  
soon find it in at the Orifice and then  
it should be sure. In women w: child  
we should remember y. y. direction  
of the urethra is upward. The Hymen  
w: is the internal doubling of the skin  
is next & situated about an Inch upward  
in the Vagina & forms a kind of half  
Moon it is only to be seen in virgins



12. m. *Virgine* but when ruptured we can easily discover the place of this Situation, as it forms the *Caruncula Myrtiformis*, from thence begins the *Os. Externum* - from the Vagina to the Hymen the parts are smooth, but beyond them rough and irregular the vagina within being contracted. The *Labia* are connected by a thin expansion called the *Perineum*, it is commonly lacerated in labour, but that is of little consequence if we can prevent the *Perineum* from being torn. The *Clitoris* project sometimes beyond the *Labia Externa* but in labour the *Preputium* is lost and they seem to surround the Head like a connecting Membrane. The situation of the internal Parts. The uterus lies between the Bladder & the Rectum (i.e. last is almost in contact w<sup>th</sup> it) in a curved Direction. It is situate in the pelvis almost in the centre of the body, with its Fundus lying loose in the *Vertebrae Lumborum* or *Sacrum* - According to *Weyling* this situation tilts the *Os. Tincæ* upwards to the Pubis but I think it affects it very little. - Some imagine that the uterus lies on the side of the pelvis, and thereby occasions an obliquity of the *Os. Tincæ*, but I am of opinion obliquity does not affect the *Os. Tincæ* as it



as it is generally in its natural Situation <sup>(13)</sup>  
if oblique it proceeds from some other <sup>prior</sup> cause, the  
general situation of the *Uterus* is *inverted* for the first 3 or 4 Months in its natural  
situation. The Ligaments of the Uterus are  
all reflections of the peritoneum, & are connec-  
ted anteriorly to the Bladder (hence w<sup>ch</sup> the uterus  
is injured the Bladder often suffers) & often  
only at y<sup>e</sup> Vagina to the Rectum, w<sup>ch</sup> as  
the Anus is in y<sup>e</sup> Centre of the Pelvis you  
might pass y<sup>r</sup> finger up y<sup>e</sup> Rectum to discov-  
er the state of the Uterus, but this ought not  
be attempted in private Practice, lest you  
displease y<sup>r</sup> Patient. The Fallopian Tubes  
come out at y<sup>e</sup> fundus w<sup>ch</sup> y<sup>e</sup> Uterus is pregnant  
but w<sup>ch</sup> it is expanded by y<sup>e</sup> largeness of y<sup>e</sup> Child  
they come out at the Middle: the Tube runs  
thro' a broad Ligament full of Vessels in a ser-  
pentine Manner, and ends in a jagged Ex-  
tremity called *Morphus Diaboli*. Just behind  
these are the Ovaries situate, w<sup>ch</sup> are gras-  
ped by y<sup>e</sup> *Morphus Diaboli* when enlarged,  
hence there is a free Passage from the  
Ovary to the Uterus. At Sometimes hap-  
pens y<sup>e</sup> the Fallopian Tubes are imperfo-  
rated, this always causes Sterility. we  
must in examining women be cautious  
of blowing



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of giving our opinion, especially in matters  
of Life & Death, as if uterus the first 3 or 4  
Months is but little expanded, nor can we  
then discover the Child by its weight, as  
the uterus may be pressed down by wind  
&c. in such cases you should in all position,  
introduce y<sup>r</sup> finger up y<sup>r</sup> Rectum. The  
Menses proceed from y<sup>e</sup> vessels of the  
uterus & not from y<sup>e</sup> <sup>these</sup> Vaginae alone as  
some have thought, I think it is clear  
they come from both as they flow during  
the whole time of Conception - The  
Reason why they come down without  
Rapidity is owing to the circumsolution  
of the Vessels - It is supposed y<sup>e</sup> Animals  
that have no valves in y<sup>e</sup> uterine vessels  
are subject to this Periodical Flux. The  
causes are differently accounted for by  
Authors. Some think the Moon has  
some influence to cause it. but this is  
certainly wrong, else all women <sup>would</sup> have  
it at the same time, which daily experi-  
ence shows to the contrary, others imagine that  
those from fermentation, but it is now allowed  
that it proceeds from a Plethora, as before  
that evacuation there are all the symptoms of  
one. (The



The reason why men have not this flux, is that they  
are stronger and more robust, and have their  
fibres much more elastic, and of consequence  
perspire more. but ~~they~~ <sup>we</sup> see men who  
lead sedentary lives, and are of a lax habit  
have periodical evacuations, either by stool  
urine or Hemorrhoids, &c, a gentleman who  
had a periodical bleeding from his thumb which  
being stopped brought on a hæmoptoe  
Bleeding in the first three or four months often  
prevents abortions. The use of the flux are  
according to Galen to nourish the fetus and  
maintain Health.



Lecture 4.<sup>th</sup> On the gravid Uterus  
 The Ovary is supposed to pass from the  
 Ovarium to the fallopian tube to the Uter-  
 us where gradually swelling to the Dou-  
 blishment it receives from the fluids  
 it first swims in. it throws out little  
 vessels, and is attached to one part or  
 other of the uterus, as it dilates and  
 increases in size. The figure of the  
 uterus varies according to the time  
 of gestation & the position of the body of  
 the foetus Placenta &c. The first change  
 is its becoming round, then it general-  
 ly increases in Magnitude from begin<sup>g</sup>  
 to end (the Ovum & Decidua increasing)  
 as pregnancy advances. Ruyssch sup-  
 poseth the placenta fixed at the junction  
 between the fallopian tubes upon a par-  
 ticular part which he imagined had a distinct plan  
 of muscular fibres, by whose contracting  
 the placenta was expelled. But this  
 appearance of particular fibres do not  
 seem to exist. we however find by experience  
 that the ovum may adhere to any part  
 of the uterus either its lower back part  
 or even its Internum therefore as it is  
 fixed to the Collium Uteri it is thought  
 (that)



that the Dilatation begins there, but 17  
according to Ruysch the fundus is thick-  
er & capable of Distention and has a great  
number of vessels intimate about it, &  
seems to demonstrate that y<sup>e</sup> Dilatation  
begins at y<sup>e</sup> fundus. In the early  
Months the fetus hath no proportion  
in size to the Membranes placenta &c  
in the father quite the reverse, they bearing  
no proportion to the fetus rather diminishing  
than encreasing the growth thereof. In the  
3<sup>d</sup> & 4<sup>th</sup> first month of pregnancy we can  
not ascertain whether the woman is preg-  
nant or not even by y<sup>e</sup> touch for in this  
time y<sup>e</sup> U. Tince, & Uterus undergo but  
little change. I therefore advise (if you are  
called to this point) to be very cautious  
in giving your opinion & to avoid examina-  
ing by y<sup>e</sup> touch if we can, for if we examine  
they will generally want to know our ven-  
timents, & we are liable to be deceived by the  
pressure we may feel by the Intestines be-  
ing inflated as they often are. A large spleen  
or liver may press on y<sup>e</sup> uterus so as  
to deceive us. therefore in these  
early Months we consulted we should  
try to satisfy them w<sup>th</sup> some ambiguity



ambiguous and in order to have some  
 little thing to amuse them a month or two  
 longer. we if required we may be able  
 to satisfy them by examination for abt.  
 y. 6<sup>th</sup> month the uterus is about the  
 Os pubis to be felt like a hard tumor &  
 the pressure on the inferior Segment  
 of the Uterus becomes very sensible  
 between y. 4<sup>th</sup> & 5<sup>th</sup> in this  
 state we may be sure she is w<sup>th</sup> child.  
 In y. 7<sup>th</sup> month y<sup>e</sup> pressure is more confi-  
 derable in the 8<sup>th</sup> still more. The Os tinca  
 becomes shorter & softer. In the 9<sup>th</sup>  
 is worn away so much sometimes as  
 not to be felt without difficulty, scarce  
 distinguishing it from the Uterus  
 but by going round gently w<sup>th</sup> y<sup>e</sup> fin-  
 ger and bending it a little we  
 shall find it in a small orifice by  
 w<sup>ch</sup> it is known. These appearances  
 happen in women of their first Child  
 but in those who have had several y<sup>e</sup>  
 Os Tinca is commonly long soft and  
 flabby. w<sup>ch</sup> y<sup>e</sup> tumor is in y<sup>e</sup> waves  
 w<sup>ch</sup> may pronounce the woman in  
 her 7<sup>th</sup> month. half way between the  
 waves & Os pubis. Caries w<sup>th</sup> an equal



equal distention of the  $\gamma^e$  a Boomen &  $\gamma^e$  Os.  
tince worn away with the considerable  
soft & high  $\gamma^e$  we may conclude she is  
at her full time especially in little & great  
women. In tall stately women the Tu-  
mor is as high up as  $\gamma^e$  Os. oblicum Cordis  
and they carry their Bellies soft a long  
time. The Uterus continues much of the  
same thickness throughout pregnancy but  
is more (flabby) spongy w. is owing to  $\gamma^e$  vessels  
becoming bigger and containing a larger q.  
of fluids. the Uterus is more fixed in women  
of their first Child w. their borders upright  
this owing to the parietes of  $\gamma^e$  Abdomen  
being more firm & not giving way. In  
some who have had many children, the  
Parietes becoming greatly relaxed,  $\gamma^e$  Uter-  
us will be pendulous,  $\gamma^e$  fundus hanging  
over  $\gamma^e$  pubis w.  $\gamma^e$  Os. tince tilted back w. to  
to  $\gamma^e$  Os. Sacrum. In some  $\gamma^e$  Uterus will  
have great enclination to one or other side  
of  $\gamma^e$  Abdomen. This obliquity was first taken  
notice of by Daxenter, who says it retards  
the labour & directs the Child to be turned.  
but I have observed  $\gamma^e$  the oblique situation  
of  $\gamma^e$  Uterus is of no great moment to  
the Os. tince, for as  $\gamma^e$  Head falls down  
on the inferior segment, the Os. tince  
(will



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will dilate very well if the cluck be observed  
the natural way. The figure is more or  
less conical not unlike a glass Bottle. The  
structure of it is muscular as appears  
from boiling. It has numerous Veins  
& lymphatics. The Arteries and veins grow  
larger as the uterus encreases in Pregnancy, &  
terminate in the placenta the Orifices of the  
Arteries are parallel to the Sinuses in the placenta  
and by that means maintain a communication  
with one another, this has lately been discovered  
by injecting a gravid uterus. It appeared in the  
dissecting a woman who died with twins. that  
the Arteries entered in the Placenta, - and ramified  
into several tubes, which deposite their contents in  
cells and do not anastomose. the blood is supposed  
to be absorbed by the veins to be carried to the fetus  
thus a circulation is carried on by the Mother and  
Child. The fetus as it swims in the water is sur-  
rounded by the amnios which is a strong transparent  
Membrane and which give the resistance in break-  
ing them next it is surrounded by the true Cho-  
rion which is a connecting membrane, be-  
tween the ovum and uterus the placenta  
and Membranes. The Placenta is of a soft  
spongy substance with a congeries of blood vessels  
it separates first in the middle, and adheres firm-  
ly all round the edges as the ovum is thickest &  
(strongest)



strongest round the edges, The Funus is compos-  
 ed of three vessels, viz two arteries and a vein. the  
 Arteries are small the vein is large, these are  
 covered with a continuation of the membran  
 Amnion. This by maceration may be separated  
 from the funis, about two inches from the navel  
 and seems to go no further, when funis falls  
 off it separates about the ring. Tho it is supposed  
 to form the epididymis of the test in some  
 the funis is like a jelly which as it is easily  
 distinguished by the feel should be minded  
 lest in tying the ligature too tight we divide  
 it. the length of the funis is various when  
 very long it is apt to get round the child's neck  
 and retard the labour, it is sometimes inserted  
 into the edge of the placenta, at others into the  
 Centre. the placenta is subject to diseases, as  
 Schirrus Hydapides which last appear like  
 bunches of grapes on conception and touch-  
 ing the signs of virginity are very uncertain  
 and there has been instances where a person  
 has been pregnant, and the hymen not  
 ruptured. Signs of conception are many  
 tho all fallacious, the four principal are  
 sickness, suppression of the Menstru encrease  
 of the uterus & retention of the Fetus  
 itself. There are many others, but  
 they cannot be depended on, the Menstru  
 (usually)



may flow in the first & early months, but if it is from the Gallum Uteri. Hypocrites have a good aphorism where he says, "If the menses are suppressed without any apparent Cause & the person continues in good health I conclude she is pregnant." The swelling of the Mammae follows that of the Uterus & their colour is changed from red to a dirty brown. In Dropsical cases, the Mammae waste & become flabby w<sup>h</sup> is contrary to the pregnant state. For the first month we can not discover any tumor about the belly about the 4<sup>th</sup> or 5<sup>th</sup> month the Child begins to move. Touching was first introduced into practice by Savonarola this is very useful in Midwifery to know the contents of the Uterus, the state of the Os Tincta &c. In the early months we are at a loss to know whether there is any thing contained in the Uterus or not, we ought to avoid giving judgement for the present but prescribe some internal Medicine, and not be fond of Touching as tis impossible to be certain till about the 6<sup>th</sup> month or later & be particularly careful in cases of life & death or Virginity not to give our Sentiments but on the right side if possible - or the tumor is



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is perceptible about the Os. pubis, & the pressure between it and the os. uterine, we say the woman is about 5 months gone. The belly in young women is more distended about the 6th Month than in the 7th. The Os. pubis when in the 4th Mo. is long, in the 7th short in the 8th very short & flabby. In the three or four last months it will tilt backwards. In the 4th mo. the tumor will be great on the Pubis & it is difficult to say whether it is to this side or the other. Afterwards it gets upon the right gradually rising till it is at the lower part of the right lobe of the liver. The Intestines finding themselves oppressed will naturally slide where there is most room & consequently take up the left part of the abdomen. The figure of the uterus in the 9th Month is coniform or pyriform. In the 8th & 9th Mo. the uterus will fall lower down in the Pelvis, very common to hear women say they are grown less. The uterus is bigger from side to side than from before backwards. It is amazing to think w. the Head presents, what a tumor is in the Pelvis — The




The ~~app~~pression that it makes on the Bladder is very tedious & often brings on a suppression of urine. The lungs of a fetus are always in a collapsed state. There is no communication of vessels between the Uterus and Placenta. The Fetus is nourished by the navel string & not by the Mouth, as we have frequent instances of women having children without Placentas, but I never heard of one born without a Funiculus. Women may be examined either standing, leaning against a Chair or lying on either side. In this manner, after anointing the fore finger of your right hand if she lies on her left side (et vice versa) you introduce it accordg to the Axis of the Vagina, gently feeling for the Os Tenuce. Sometimes you'll feel it in the centre & sometimes on one side. After examining the state of the Os Tenuce, examine the tumor in the Abdomen - To be able to feel the pressure on the Rectum, the finger must be introduced a great way. But this is so disagreeable that the patient will seldom suffer it.

Lect. 5



## LECTURE 5 On the Symptoms attending

In general the poor people we attend are those who use much exercise and have seldom any particular Symptom. In the first months of pregnancy, the Symptoms are generally vomiting, loss of appetite, nausea, faintings, palpitations, Vertigo, pain in Stomach, Reins & Breast, Head & Teeth, also shortness of breath, Diarrhoea & constipation, all which depend on the new Situation, and stopping of the Menses, they go off about the fourth month and sometimes later. Besides these there is difficulty of making Urine and a frequent desire thereof & a Tenebrius Membranes, Varices, swelled legs & thigh, a general tumefaction of y<sup>e</sup> Vessels, Labia pudendi prolapsus, Convulsions &c. The first vomiting comes on when the Ovary gets into y<sup>e</sup> Uterus. It adheres to some part of it and  extends it, there is then a regurgitation of y<sup>e</sup> blood from which a Plethora ensues; y<sup>e</sup> distending Uterus presses on y<sup>e</sup> viscera & nerves of Stomach.

at Lady Samson (being)



being supplied w<sup>th</sup> mercury from the nei-  
ghbouring Viscera suffers from the  
Infection and brings on a vomiting. In  
such a situation N. V. is prescribed to  
unload the vessels except in relaxed  
habits, after it will be proper to keep the  
body open with q. d. of Len. Elect. Ricking  
in the morning is as natural as a big  
belly itself, therefore, if it continues  
obstinate, after N. V. Glysters and gen-  
tle laxatives <sup>may</sup> be given, & Eme-  
tic Cathartics are ~~very~~ <sup>may</sup> improper, Purgat-  
ives are seldom prescribed - I sometimes  
sometimes suspicious, an instance  
of w<sup>ch</sup> I remembered when Gregory's Purgatives  
were exhibited successfully many Morn-  
ings, but abortion is often produced  
thereby - Shortness of Breath is not a  
common Symptom in the early months.  
A Cough is a very troublesome & very  
difficult to remove, even if it is violent.  
Bleeding is proper & sh<sup>d</sup>. be done in time.  
The body to be kept open with Elect.  
Pur. - Soft & nourishing medicine &  
Opiates to procure rest & to stunify the mind.  
(more)



nious particles of the Bronchia & lungs.  
Incontinence & suppression of Urine - the  
latter most common from the pressure of  
the uterus on the neck of the bladder.  
The former from its pressure on the ure-  
ters - Swelling of the Legs & Thighs & Pa-  
tice pudendi happen chiefly to weakly  
women. Here gentle exercise and occa-  
sionally confining them to bed a few days  
& keeping the body open will suffice.  
But in women of strong robust constitution  
the treatment must be different. If Pletho-  
ra Ves. & Lacotticae must be used. Scarifi-  
cation of the Teste are sometimes needful  
If attended with a Diarrhoea or Dropsy, & treat-  
ment must be according; when from excessive  
confining them from their usual labour  
will sometimes be sufficient. Hemorrhoids  
will be are very troublesome. When they  
are painful bleed & give gentle aperients  
as Len. Elect. Lac. Collyb. Cal with Etern.  
Tart. & let the patient lay quiet as much  
as possible. In the soft it will be proper  
to open with a lancet, in the hard with  
leeches to discharge the contents. If you  
open them by any of these means you must  
stay with the patient till you are sure  
the Hemorrhage is stopped. Remember  
a ca



I remember a Case where the bleeding continued, and the patient finding the matter was thought she was bleeding to Death - Frightfuls of this kind may occasion abortion, therefore we ought at all times to be on our guards - Nausea & vomiting are generally relieved by N. V. regulating the Morbids - Whatever Clysters & Cathartics we give ought to be of the mildest kind, & we should be very cautious in giving the mildest Emmetics for should an abortion happen some Days after they will seldom fail of assuring you. It is usual for women to bleed at certain periods in the early Months - In phlebotomy habits proper - but in weak, relaxed ones, be sparing - In dropsies of the Abdomen & Uterus Pregnancy often cures them; & umbilical Hernia is removed by a distention of the Uterus. The causes of abortion are numerous, The principal are floodings which are caused by Blows, hurts & frights, but most commonly by a separation of some portion of the Placenta especially where it adheres to the Os internum. Those from Blows ensue from injury immediately & may prove mortal if not taken in time. Floodings that cause abortion in the



the early months are seldom mortal. 29  
Worries in these cases are much to blame in  
not sending for proper persons, but trust too much  
in the Midwife, at first it being only a fear,  
she suffers it to go on and only sends for  
a Midwife, who upon examining finds nothing  
material, tells her nothing can be done &c.  
It will be of no consequence, & so leaves her en-  
couraged by us she is satisfied and goes abt.  
her usual employment till she is again alarmed  
by its return & at last sends for a Gentleman  
of the Faculty who perhaps is too late, and  
nothing but miscarriage will relieve her, when  
asked she sits in time, very probably by  
confining herself to her bed & some few  
Medicines exhibited, the vessels w<sup>d</sup> have  
been able sufficiently to contract themselves,  
& the woman goes to her full time. If blood  
ingoes on till the Os Tince is much relax-  
ed then there is danger as there is great  
weakness. No certain time can be laid down  
therefore it behooves us to consider  
the most rational. We shall reduce the follow-  
ing cases under these three Heads. 1. Whether  
forcible delivery is proper. 2. Whether the  
labour pains are to be encouraged or produced  
and 3. Whether y<sup>e</sup> birth should not to be  
suffered



Suffered to go on. Forceful delivery is not  
 proper & a medium is to be observed as most  
 desirable. Maurician observes where there are  
 some pains in the uterus, he would expedite  
 over to bring on the labour, & there will be  
 some hopes of the uterus contracting and  
 consequently of the flooding being stopped.  
 The great point is to consider the state of y.  
 Woman, & state of the parts & the quantity  
 of Blood lost. This being premised  
 delivery thought proper the child should  
 not be taken away too suddenly but requires  
 13 or 20 minutes of more, supplying the wo-  
 man with Calves peller &c. & pressing on  
 the bloomen at the same time.  
 Chapman Gifford & Maurician have  
 several good cases in flooding worth perusing.  
 If called in time bleed the patient if not  
 omit it as it answers no other end & prevent-  
 ing its being discharged ab utero, Preserv-  
 and the horizontal position are advisable  
 and sometimes sufficient in the early  
 months. Laxatives must not be omitted  
 if there is a plethora & it may be repeated.  
 In the Medical Essays. Ag. Hypt. & Rosar.  
 a min. acid are pr. to be given w. success  
 The Cort. is also recommended but can-  
 (not).



not say I have <sup>Many</sup> ~~seen~~ <sup>many</sup> good effects from these <sup>31</sup>  
but when the flooding has been considerable  
or of long duration, they amuse the patient  
and gain time (w. is a great matter) If  
you can amuse them till the Distence are  
soft (the woman be not at the same time  
reduced) as by gentle dilation to admit of  
two fingers, you may get the small  
end of the blunt hook, so as to bring it  
down w. must be extracted if possible  
The blunt hook may be used with safety  
but must not be used at random as it may  
lacerate the Ovary & leave part behind  
When y. ovum & placenta lie on the in-  
feriour Segment of the Uterus touch  
 seldom & never offer to extract till the  
Distence is above unless there are press.  
Symptoms. - Flooding stops by coagu-  
lum stopping up y. mouths of y. vessels  
If y. flooding returns the coagulum is  
expelled w. separates greater portions  
of the placenta - is a disagreeable circum-  
stance. - When this happens it cannot  
be supposed that medicines have the pow-  
er of gluing the Placenta again to the  
Uterus



Uterus, yet notwithstanding this they sh<sup>d</sup>  
 not be omitted. I have experienced their good  
 effects - If flooding is brought on by a fever,  
 the astringent Clasp will be highly improper,  
 we should remove the fever. Antiphlo-  
 gistic Medicines moderately given will  
 be of service, the Application of Blister  
 will endanger Abortion, opiate  
 sometimes succeed in floodings. Con-  
 sult Gifford & Portall who are very  
 exact in relating these Cases. In  
 early months avoid using much force  
 as it is of the utmost consequence.  
 Liversette advises the forceps to extract  
 the Ovary. Smellie's practice is different.  
 Hoffman advises a Plug of tow dipt in a  
 solut. vitri. alb. & introduced into the Vagina  
 to restrain y<sup>e</sup> Hemorrhage, but as few  
 women will submit to it, tis of great  
 consequence & seldom used, I have used it  
 and thought it succeeded, but in one case  
 it adhered so close, I could not remove it.  
 It became very uneasy to the patient  
 causing much pain & inflammation, but  
 came away the third Day w<sup>th</sup> y<sup>e</sup> Ovary.  
 In floods



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In floodings in the last 4 Months we should endeavour to let it go on to the full time if possible as miscarriages are then of the utmost importance. Maurician has succeeded in these Cases by Met. U.S. &c. Where the flooding has gone on long & become violent, it is a dangerous case & the patient frequently dies tho' she is delivered. If the flooding encreases the pains come on regularly, the Os. Tince, dilating & the Membrane protruding, it is the best Practice to break them w<sup>ch</sup> stops the flooding by giving room for the Uterus to contract, the Head will by this mean be forced down into the Pelvis & be delivered by y<sup>e</sup> natural Pains, If y<sup>e</sup> flooding continues with sinking Pulse, fainting &c we must proceed to forcible delivery. In coarctive Cases if the patient is sensible in y<sup>e</sup> interstake, Fits short and don't return quick, Patient quiet but twist & not much sweat w<sup>th</sup> the dilatation of y<sup>e</sup> Os. Tince - but if y<sup>e</sup> reverse, foaming at y<sup>e</sup> Mouth great oppression stupidity & y<sup>e</sup> Os. Tince not dilated, but soft, you must dilate it gently by introducing (one



one finger after another, extract the  
 contents, first remembering to state the case  
 to her friends that sh. she die under your  
 hands or soon after they may not blame  
 you undeservedly. when fits come on they  
 generally prove mortal. Floodings  
 from hurts are more rapid & from  
 other causes de Motte well relates  
 cases of it. In y. Lues Venerea the  
 best time for evacuating is from the 4th to  
 the 7th Month, as the woman would be  
 liable to abortion in the earlier months &  
 later she would not have time to recover  
 before delivery. The Fetus in the 4th  
 Month takes up the superfluous blood,  
 so that the woman loses all her symptoms.

At first there is more blood than the fe-  
 tus can take up, during the middle quar-  
 ter the woman remains easy, but after-  
 wards the pressure on different parts  
 will bring on new symptoms. The long-  
 ing when it is not unreasonable may be  
 indulged. The Air during pregnancy  
 is of great service. Women who live  
 high should be well regulated in their Non-  
 naturals. Exercise will be very necessary  
 (Working)



Working People have commonly easy labors<sup>35</sup>.  
Ladies who have carriages & ride out every day  
for the most part do well, so that we find excess  
is of y<sup>e</sup> utmost importance. - A Lady who used  
y<sup>e</sup> Borough Assembly was delivered of a fine Child  
& in a day or two after of another about the  
size of y<sup>e</sup> Finger, owing (most likely) to these  
People that are always at home should use  
Evacuations & live low. - Stormers may use too  
much exercise, whence swellings of y<sup>e</sup> Legs  
Thighs &c. In swellings we should be care-  
ful how we break y<sup>e</sup> skin, as bad consequen-  
ces may ensue. It has been customary to  
bleed about the 3<sup>d</sup> time, the Menstrues should  
return but if indicated may be done at any o-  
ther time. A woman that is fearful of bleed-  
ing if she sits in a chair will faint w<sup>ch</sup> will en-  
danger the contents uteri. - but the Horizon-  
tal position taking about 3j at a time, & stop-  
ping y<sup>e</sup> orifice with y<sup>e</sup> thumb will (giving  
her broth) sometimes prevent it. The preg-  
nant Diarrhea will go on without Pain.  
It prevents a plethora & should not be stop-  
ped. The shortness of breath will be relieved as  
the Fetus grows. The difficulty of making  
urine must be prom<sup>t</sup> measure of y<sup>e</sup> Child's  
head, if too great it must be drawn off by all  
Means (The



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The Hemorrhoids are troublesome, to relieve  
them the body sh<sup>d</sup>. be kept moderately open, but  
they are not to be cured till after delivery, nei-  
ther are the Varices. Prolapsus is of no  
great consequence during Pregnancy or deli-  
very. A particular case of prolapsus is given  
by M<sup>r</sup>. Antrophus of Liverpool, he says  
the operator was sent for & on entering the  
Room found the Uterus on the Bed, after  
a little while the Orifice began to open, the  
Uterus returned of itself into y<sup>e</sup> Vagina,  
but afterwards paine coming on it was for-  
ced out again & afterwards returned. The  
floodings of the first Mo<sup>o</sup> are of no consequence &  
Forcible delivery is only necessary in the  
7<sup>th</sup> 8<sup>th</sup> & 9<sup>th</sup> Mo<sup>o</sup>. Plethora is the general  
cause of all these Symptoms & this evident  
if V. G. is of service, again Headache short-  
ness of breath Cramps &c. A purging coming  
on, you would expect to relieve it, this will  
occasion a short Pulse so that you cannot  
bleed; Headache & Vomiting are both reliev-  
ed by bleeding. Prolapsus will be cured in  
the 7<sup>th</sup> Month by y<sup>e</sup> dilatation of y<sup>e</sup> Uterus. In  
floodings of the last Month, when the Orifice is  
open at the size of a Shilling or between y<sup>e</sup> 4<sup>th</sup> & 1/2  
a Crown you should certainly deliver  
When







a carriage, an excellent exercise, going to  
 Sea bad - Gross birth is, Transverse position,  
 we are 6 to 1000 - when the pains are re-  
 gular, proper & intermittent, they're then  
 called true labor pains - If the Os Tinea  
 is inflamed & becomes dry instead of moist  
 &c. we are then to attend to y<sup>e</sup> inflammation  
 & not to the labor, by V.S. Rubrifuges, cool-  
 ing Diluents &c. very difficult to distinguish  
 a quick Pulse from y<sup>e</sup> inflammatory one,  
 tho' <sup>absolutely</sup> necessary (thundering Pains) -  
 if there are pains w<sup>o</sup>ut dilatation, we  
 must ease them, y<sup>e</sup> woman should never  
 go out of her Chamber to the Vault.

The best Time for touching is in the Morn<sup>g</sup>  
 (erect position) Pregnant women predis-  
 posed to some diseases, after y<sup>e</sup> Orgasme,  
 slight rigor obstructed menses, sick on ris-  
 ing out of bed / sensible signs are known  
 by the touch, force the Uterus down  
 by pressing y<sup>e</sup> Abdomen

Lect. 6



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# Lecture 6<sup>th</sup> On natural Labour

The Uterus is composed of muscular fibres running in a circular & longitudinal direction. The Ovarian in the last mo. of Pregnancy presses on the inferior segment of the Uterus w. puts the fibres on the stretch & causes a contraction of it & bearing down of the Vagina, the waters descend & the Fundus is left empty, thence the Stimulus causes a general contraction. The Os. Tince becomes thin & dilated & y. labor pains are produced. Why labours come on at y. end of 9 Mo. is not ascertained. The antecedent & approaching signs of labor are in y. 8<sup>th</sup> & 9<sup>th</sup> Mo. first a Whiter w. flows in great quantities from the Genitals & resembles the Fluor albus. It serves to lubricate the Parts & prepare them for dilatation. The next are the presaging Pains w. are divided into true & spurious. The true are the evacuations by stool & urine, falling down of the Belly, Pains of the Loins bearing round to the Pelvis down to y. Os sacrum & Haunches, sickness & Heaving. The Uterus begins forcibly to contract. The Os. Tince overcome by the pain & pressure begins to dilate & the Membranes rupture w. y. waters. W. the pains go off the membranes retire & the Head is move.



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more perceptibly felt. When then pains be-  
come strong with short intervals, & the Muc-  
cus comes down tinged with Blood (w. is cal-  
led the show) with the countenance florid  
tremor &c. then we may be sure the true  
pains are coming on. If we go away, the wo-  
man may be delivered soon after our departure,  
& we be ridiculed, tis therefore indispensibly  
necessary to distinguish carefully the true  
from false Pains, & not leave the patient  
till all is over, unless you're certain there is  
no labor coming on. When we can perceive the  
red mucus, tis a sure sign the woman will  
soon be delivered, sometimes there is a false water  
that breaks some weeks before the labor. For pueris  
Women are not delivered as easy as others, nor  
the Muscular as the delicate, & lean. Distorted  
Women tho they've good Pelvis's are always in  
danger, & difficult to deliver. A first Child not so  
easy as a 2. or 3. nor will a woman who has  
slight pains be so easily delivered as one  
who has greater. - Women are generally  
delivered lying on the left side in bed, be-  
cause when a pain comes on they readily  
breathe, & perform it, & them against their  
Thorax w. makes it easy by pressing w. of  
feet against the Bed post, the muscles of  
the



the abdomens become firm & the Head of the Child bearing down on the Pelvis makes them better able to suffer their Pains. Labors are divided into natural, meter natural & lingering. The age that contribute least is between youth & advanced years for the parts in old people become more rigid. Those who've had several children are more liable to after pains than those of the first Child. The uterus becomes more weak by freq. distention & less capable of contracting so as forcibly to expel its contents such as coagulum of Blood &c. A putrid Child will come away easy but they are very tedious. In these Cases women generally undergo a putrid Fever.

Hippocrates supposed y<sup>t</sup> Women who have large quantities of fat about the Os Internum were barren, but experience shows us that they bear Children & have easy labours, for in them the abdominal muscles are weak & so contraction is caused - but then the Os Tince also in proportion.

(Lectures 7<sup>th</sup>)



Lecture 7<sup>th</sup> On the Management of Nat. Labor  
 For the different positions of woman in labor, see  
 Vinet's, the english method is best. In laborious  
 Cases the positions sh<sup>d</sup>. be changed p. r. n. from  
 one side to the other, to get up & walk to re-  
 lieve the parts that are fatigued. In Natur-  
 al Cases, the less we do the better, all that  
 we have to do is to support well the Perineum  
 sometimes one Arm or both will come down  
 along the side, of the Head. When the Funis  
 is round the Neck it is said to retard Labor much  
 from its supposed shortness but if tie two or  
 three times round the neck it is always  
 long in proportion & is therefore, no obstacle to  
 delivery. Ould recommence when the Fu-  
 nis is about the neck to introduce two Fin-  
 gers into the Arm of the Child & before the  
 pain is going off to make a Pressure on its  
 forehead at the Root of the Nose, by this  
 means the Child will be prevented from  
 returning back but be detained till the  
 next pain comes on, & as the Head comes  
 down lower w. y. pains, the Pressure is  
 to be renewed to force it lower, & will  
 turn it out tho' the Funis is about its  
 Neck for as the Uterus contracts as the  
 head advances, consequently the Placenta  
 is



is moved lower to the Collium Uteri. <sup>43</sup> This  
practice is also enforced by Vmeslie but I believe the  
least done is best, for so much pressure in y. Rec-  
tum on the Child's face will be liable to cause an  
Inflammation of those soft parts with other bad  
symptoms. The Child may likewise be so affect-  
ed by the pressure as to lose his sight, an instance  
of which happened to one of Vmeslie's pupils  
who followed this practice, w<sup>h</sup> the Child was born  
its face was black from the pressure, & its  
sight lost. The Q. Tincee being hard & retarded labour  
Vmeslie here advises scooping w<sup>h</sup> I am entirely  
against. The best practice is to give Clysters  
Caldo emolliente to promote rest & the less  
frequent to examine the better. Scooping  
only tends to thicken the Q. Tincee, & therefore  
should never be used but where the part ready-  
ly gives way. Scooping is also advised to people  
in years, here tis very improper for they re-  
quire to be treated w<sup>th</sup> a greatest tenderness & delicacy.  
Sometimes the membranes will relax the labor. When  
ever they protrude, the Q. Tincee sufficiently opened  
& they regularly come down into the Vagina during  
the Pains & continue there an Hour or two, I never  
hesitate breaking them w<sup>h</sup> is easily done by pinch-  
ing or scarifying. W<sup>h</sup> there's a large q<sup>ty</sup> of motters  
the Uterus cannot forcibly contract, as when  
(these



AA

these are smaller, for they may retard the labour  
But we must not make it a general Rule to  
break the membranes for the Women expect to  
see the child soon after, & if they're disappointed  
we are perhaps censured. A Pelvis not a-  
bove 2 3/4 inches will retard the labor of the Child  
cannot be delivered alive. Inflammatory tumor  
on the neck of the Womb will <sup>prevent</sup> retard labour  
Tumor & inflammation of the Bladder will retard  
labor & interrupt of natural Pains, for w.  
reasons you ought to be careful of the Bladder  
does not by introducing the Catheter &  
Excoriations of the Genitals the best care  
of the Woman kept as dry as possible  
Women are able to distinguish different  
Symptoms as well as men. The great  
difficulty is to distinguish the quick Pulse  
in labor from the inflammatory. Eruptions  
of the Os. Tineæ or any other kind will retard  
labor. A prolapsus Uteri will ~~prevent~~ pre-  
vent labor. The Orifices of the Womb con-  
tracting on the Child's shoulders will pre-  
vent it sometime. The Funis coming  
down before the Child will obstruct and is  
sometimes dangerous, because being com-  
pressed the Child dies, circulation being stop'd  
The Hydrocephalus is another obstructing  
cause. (The



The Symptom of a dead Child is the (45)  
Meconium coming away first. Miscarriages  
are productive of difficult Labors. The large  
Head will cause obstructions, and always  
presents with the left parietal bone to  
the finger instead of the Vertex. When y.  
Child comes down with one ear to the Pubis  
& the other to the Sacrum or Diagonally, it  
will be proper to introduce the forceps.  
In the face presentation we never now use  
the forceps, but leave it entirely to Nature.  
The ear case is very rare. I never met with it.  
Stemmatoceries & unknown Medicines are  
now laid aside. Gentle stools are often neces-  
sary in the beginning of Labors. We never  
apply the Forceps in narrow Pelvis's.  
When the head comes down within the Pel-  
vis, it presses upon the Os. Tince & Dilates  
it. The head comes down first into the  
Axis of the Uterus & Pelvis. When in the  
Passage, according to the Axis Vaginae.  
The chief care is to support the Perineum  
w. by the tumor is extended 2. or 3. inches  
but in its Natural state does not extend  
1 1/2 Inch. Os. Mellé recommends the Hand  
to be applied from the Anus, over all the  
labia pudenda; but this resource is  
often ineffectual & the Perineum suffers  
(by it)



46 by it. We find by experience y<sup>t</sup> the best  
way to support the Perineum well with  
one hand from the Os Coccygis to the Margin  
of the Vulva & make a cup with the thumb  
& fingers of the other hand to receive the head of  
the Child as it comes out by w<sup>ch</sup> means it  
comes more gradually & you may likewise coun-  
teract the pressure. If y<sup>e</sup> Perineum should be  
lacerated  $\frac{1}{2}$  or  $\frac{3}{4}$  an Inch it may so well by the  
keeping the Legs close together but if y<sup>e</sup> lacer-  
ation is greater, tis of bad consequence, as the  
Patient must be unable to retain her Urine  
& necessary if it extends so far as to divide  
the Sphincter Lin<sup>g</sup>. Therefore we should act w<sup>th</sup>  
the greatest care for such circumstances are  
indisagreeable, y<sup>t</sup> they may occasion a great  
Disgrace. w<sup>ch</sup> the Perineum suffers only a  
little the woman complains of a smarting  
Pain in making water, for w<sup>ch</sup> the Nurses  
apologize saying tis owing to y<sup>e</sup> green water  
passing off which easily satisfie them tho in  
reality tis y<sup>e</sup> Urine. Here twill be necessa-  
ry to anoint the Part w<sup>th</sup> Pomatum, or apply a  
cloth beamed w<sup>th</sup> it. The next thing to be done  
after the delivery of y<sup>e</sup> Child is to make a sign-  
ture on the Femur, in doing which if the Part  
is of a soft and gelatinous Substance apply  
Oiling it to



tying it too tight, lest you divide it. If you  
should in a hurry cut above the Ligation or  
an Hemorrhage ensue from its not being sufficiently  
tight or any other accident follow you must never  
appear confus'd but have an apology ready. In  
all Natural labors after delivery of the child,  
we ought to examine the belly best, & we extract  
the Placenta for 1<sup>st</sup> there betwixt us as the Placenta  
sometimes forms a bridge like the pulling at  
one might separate the other, & the consequence  
might be a profuse flooding w.<sup>ch</sup> endangers both  
lives Mother & Child. If you can perceive the Uterus  
contracting like a hard ball & descending to-  
wards of Pubis you may then be certain there is  
no other Child, and you may in a quarter of an  
Hour or little more by gently pulling at the  
Funicle & moving it in all directions, endeavour  
at the expulsion at the time there are pains,  
But in some Cases where the patient is of a  
weak lax constitution, & has a remarkable  
broad belly & upon examination you shall  
not find the Uterus contract at all, but rem-  
ain quite soft, It would be best to wait till  
the Uterus begin to contract, before you attempt  
bringing away the Placenta. for should they  
(Hand)



48 They be introduced & the Maccinta separated  
before the Uterus contracts; the firmness  
might remain open & a violent Hemorrhage  
might happen & a fatal syncope ensue. If  
upon examining y<sup>e</sup> belly after delivery, you  
find a large tumor as high as the Navel or  
higher & unequal, so as we have reason to  
suspect there's another child (tho we're  
not certain) we must ~~the~~ <sup>in this</sup> ~~the~~ <sup>case</sup> ~~the~~ <sup>introduce</sup> a finger w. will gene-  
rally meet with a fresh bag of waters, but if  
the finger be insufficient we must introduce the  
hand tho tis much better to ascertain the  
Case by the finger, if possible as it gives less  
Pain. If you sh<sup>d</sup> find that there is a 2<sup>d</sup> Child  
& that it presents right if the woman has  
not been too much fatigued by y<sup>e</sup> first  
Nature will generally be sufficient to deliver it  
as well as the former, but if it does not ad-  
vance after waiting a quarter of an hour & the  
Woman has no pains, I think it best to turn  
her the Child, as y<sup>e</sup> friends are very impa-  
tient for the delivery of the second. There have  
been instances where the labor has been  
hourly expected & y<sup>e</sup> pains have gone on for 24  
may even 30 Hours (as is a long time to wait)  
(when



when the bystanders expected the Delivery 49  
every moment, & should the Child be dead or any  
ill befall it, all will be attributed to your not  
delivering sooner. Remember always to be  
certain of a second Child before you pronounce it  
as sometimes we may be deceived by the Ma-  
centa, for when it comes down in the centre of the  
Pelvis, it seems like a bag of waters as if there  
was a second Child. Dr. Wmellie has a  
particular Paragraph in his system on this  
Subject where he says, "If the Maccenta comes down  
centrically he would introduce the hand & push  
up the anterior part & bring down the posterior"  
but there is no occasion for this. He is likewise  
of opinion that the Maccenta separates at y. Roger  
first, if it is floating would be more frequent.  
He was mistaken in the manner it came away.  
It separates first in the Middle, as the Blood  
never put at the fundus & then it separates  
~~at the~~ from the Roger where it sticks. i.e. from  
the Cohesion to the Roger where the Chorion  
is most thick & strong.

Lecture 8th



Lecture 8<sup>th</sup> On the Use of Instruments  
 Here we consider laborious Cases & are those  
 where the Head remains a considerable time in  
 the Passage without making any progress to  
 delivery. In these Cases Smellie recommends  
 the Use of the Forceps. We shall first take notice  
 of the different Forceps & their improvements.  
 The Forceps is supposed to be the secret.  
 Chamberlain so long boasted of & was afterwards  
 revealed by Chapman who made some im-  
 provements on the Lock & part by reducing  
 the Blades to a shorter length. Smellie pro-  
 ved them to be made yet shorter and covered w.  
 leather w.<sup>ch</sup> prevented their making a Noise &c.  
 Being shorter they are not so liable to  
 do mischief. They can never be applied  
 to advantage but w.<sup>ch</sup> the head is low down  
 in the passage & then they are of a suffi-  
 cient length. The Use of Fillets is  
 unnecessary as if Forceps will conquer  
 all their intentions. Several Cases  
 may be productive of laborious Cases  
 as Anxiety Grief &c. w.<sup>ch</sup> affect the La-  
 bor & remove y<sup>e</sup> hairs. The rigidity of y<sup>e</sup>  
 os externum & internum is another Cause  
 Smellie recommends scooping here  
 but I think this bad practice for instead  
 of thinning or dilating the Parts, they  
 will by this means become



become thickened & rigid. Now we are called  
to a woman in this Circumstance, we should  
endeavour w<sup>th</sup> the assistance of opinion of us &  
tell her this not yet her labor & if you will  
do something to be of service to her, by this  
Medicinal procedure rest & repose & if you return  
you will find the Parts soft & if since op-  
ening & by gaining this much ground you  
may safely pronounce it her true labor &  
you will find it goes more regular & if scop-  
ing has been done. — Face presentations  
are another Cause but in general they will be  
easily delivered by the natural Painless mea-  
sures & is done by using the Forceps too  
soon the result is of a diff<sup>t</sup> opinion  
Oblique Pelvic is another cause of laborious  
Cases. For this too incredible, how nature  
will assist in bringing down the Head if it were  
pointed. But if sometimes cold faccidities & a  
languid pulse intervene we must then  
assist w<sup>th</sup> the Forceps. A too great ossifica-  
tion of y<sup>e</sup> Child's head as it prevents y<sup>e</sup> Bones  
from yielding, & is forced down into the Pelvis  
is an Hydrocephalus (as the waters may  
distend the head, that it cannot possibly  
pass down unless discharged) will also  
be productive of a long labor. Dauter's  
advices in laborious cases to let them go  
off gently promoting rest & quietness &  
(not)



52 and not to examine often, this is the best  
Practice. General Rules for  
applying the Forceps. We are never to sit  
down to deliver till we're satisfied of the situa-  
tion of the Parts beforehand. When they are  
sufficiently dilated let them if rigid be anoint-  
ed with soft Ointment. In examining to feel  
for the head, feel for the vertex, the lamb. cord, su-  
ture, Fonticell, Nape of the Neck &c. &c.  
If you find the sacrum is not felt & the Head  
has not made the turn & you cannot get up  
on one side of the Pelvis as well as on the  
other, you may conclude the axis is on  
that side so that the face must be on the re-  
verse, all ought to be known before you  
turn the child's head & you may not turn  
the face upwards, the pubis. If you in-  
troduce your finger on an imaginary line  
of the axis of the Pelvis you feel the Per-  
tebrae lumborum, it is then to be feared  
the Pelvis is too narrow, & if on examin-  
ing with your finger under the pubis, it meets  
with any protuberance, you may con-  
clude it is certainly so, and that nature  
cannot deliver alone, the Use of the  
Instruments is therefore here absolutely  
necessary. In applying the Forceps, first  
grease the Os. Then introduce your  
Finger as high as the ear if you can  
(at least



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at least if possible within the Of. Time & otherwise  
you'll catch hold of it w<sup>th</sup> Blade & tear it, then  
introduce one Blade of the Forceps with an easy  
wiggling Motion holding them as their  
form may an<sup>t</sup> the form of the Parts. If you  
meet with any obstacle at y<sup>e</sup> Os Internum or  
any where else, withdraw it & try again.  
When you have applied one Blade fix the other  
opposite in the same Manner, always  
continuing them till the locked part are with  
in an inch of the Head. Now you lock them  
take particular care you don't include any  
of the Hair Nymphs or any other part of the  
Woman w<sup>ch</sup> always give great pain if not  
lacerate the Parts. Remember to fix the  
Blade opposite the disengaged Hand & apply  
the other over it by this method they are  
easily locked. Observe never to apply them  
till you find the ear under the Pubis, &  
then you will be certain of Success, where  
as if you apply them sooner you might be  
foiled & you run a great risque of hurting the  
Mother. In a Pelvis not above 2½ Inches  
the woman will never be delivered by the  
natural pain, therefore in a narrow Pel-  
vis or large Head we must not turn the Child  
as we will have as much trouble or more  
to extract the Head after the body as before  
it. We must never open the Head till  
(we



5<sup>th</sup> we have given the curved Forceps a trial, where there is a chance of the Head's coming down whole or alive, otherwise it is improper. The Mode of applying the Crochet is either on the inside or outside of the Skull, the Moment you apply it to the upper part of the parietal bone it will give way. The Method I use the blunt hook is by placing it in the Eye or Mouth by w<sup>ch</sup> means I get the Basis of the Skull away.

In y<sup>e</sup> application of the Forceps we sh<sup>d</sup>. always observe to apply them with the curved part to the os Pubis. In suppression of Urine, we sh<sup>d</sup>. try all the different positions of the body w<sup>ch</sup> will frequently remove them. The Urine should not be suffered to remain in the Bladder longer y<sup>t</sup>. 2<sup>o</sup> 3<sup>o</sup> Days for should it rise above the Pubis it is both troublesome & painful. If it is caused from a pendulous Belly, will be relieved by a Bandage round y<sup>e</sup> Abdomen from the 4<sup>th</sup> to 6<sup>th</sup> Mo. of pregnancy.

Lecture 9<sup>th</sup>



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Lecture 9<sup>th</sup> On the Machine. first Case.  
The Vertex present? lay down w. y. face in  
y. hollow of the Vacuum, the patient general-  
ly lying on their left Side, with proper assist-  
ants to support her Throes, apply the Blades  
of the Forceps as before directed, one toward  
the Left Oscheum, the other to the right, keep-  
ing the Handle back to the Perinaeum.  
The Blade of the Forceps ~~as before directed~~  
of the left hand is always to be brought over  
the right, or you will be disappointed in  
locking them. In this case the Blades  
are applied along the Side of the Head to  
the ears & point on y. Chin. After the  
Forceps are secured & w. she has any  
pains coming on, move gently from  
Blade to Blade & extract very slowly, don't  
do that in 3 or 4 minutes, w. nature  
requires an Hour. If it is slow  
down y. you cannot get on the Forceps &  
you are in any doubt of its Situation (tho' of-  
ten apply the Forceps in this Case without  
wiping up the head, w. ansef. Jamd in  
will frequently return it self) apply your  
thumb on the Vertex & move it from  
Pubis to sacrum, pushing it up at the  
same times by which we gain room  
enough. In all deliveries Take care



If particular care to support the perineum well while the Head is coming out especially in an aged woman after first Child as there is very liable to be torn When the Vertex is disengaged, incline the shoulders forward, in order to bring it out in the axis vagina & delivery. If the feet is too high you had better stand up as it will facilitate its extraction.

Lecture 10<sup>th</sup>. The second Case.  
The Vertex presenting with its face to one of the Osia, one ear to the pubis & the other to sacrum & the head higher up in the preceding case with the brim of the Pelvis. To know this presentation we must examine carefully to find w<sup>h</sup> side the face is to, by introducing the fore finger under y<sup>e</sup> Pubis for y<sup>e</sup> ear, if next towards the ear being smooth that the finger easily slides over it, but if you bring your finger from the back part of y<sup>e</sup> head forward the ear will rise, before it by w<sup>h</sup> we know the position. but we ought always to be very careful in determining the Presentation for when the Vertex



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Vertex presents if you apply the Finger  
either to the inferior or superior Part of the  
ear you will find it rise before your Finger  
tho not so large as the posterior Part w<sup>ch</sup>  
may deceive you but by moving your fin-  
ger round it or over it if you can you may  
be satisfied of the Position. If y<sup>e</sup> Scalp is  
not swelled you may feel y<sup>e</sup> occipital bone  
over the Parietal, but if y<sup>e</sup> Scalp is swelled  
you can neither find the fonticella nor  
the Lambdoidal suture. To satisfy your  
self more clearly if all y<sup>e</sup> signs are un-  
certain, the woman is to be laid on one  
side supposing her before on her Back &  
the hand to be introduced of the face & to be  
distinguished as you can best apply the  
Forceps in that position. If you meet  
with any obstacle in applying y<sup>e</sup> Forceps  
retract them & try gently again by in-  
clining the Hand to the backward as at  
first. W<sup>hen</sup> you have introduced them  
lock them & tie y<sup>e</sup> Handles together to keep  
them from slipping, then return the wo-  
man on her Back, taking care her  
breach be over the bed, or else the  
Forceps.



forceps may do much hurt then move gen-  
 tly from blade to blade, but take not too great  
 a sweep as it may cause ~~too great~~ an in-  
 flammation of the os internum, especially  
 the anterior part which with the wreath  
 must be pressed against the pubis. Sup-  
 pose the vertex is to the right side of the pel-  
 vis the patient is to be laid on the right side  
 after waters dilate the os internum, & go up  
 into the hollow of y<sup>e</sup> sacrum & apply the for-  
 ceps as before directed, then move from  
 side to side, keeping the handles low, ex-  
 amining the vertex as it comes down,  
 w<sup>ch</sup> disengaged from the Ischium turn it  
 under y<sup>e</sup> Pubis w<sup>th</sup> y<sup>e</sup> face to y<sup>e</sup> hollow  
 of the Sacrum. If you can do it, extract  
 the head a little lower, and take care it  
 does not come all at once diagonally, then  
 try again to turn the face to hollow of  
 Sacrum, you've now reduced to y<sup>e</sup> case  
 and extract accordingly.



## Lecture 11<sup>th</sup> Third Case 39

The Fontanelle presenting w<sup>th</sup> its face under the pubis and the vertex to the sacrum generally in the fontanel presents the face is to the pubis but very seldom to the sacrum. The latter case I never saw but once w<sup>th</sup> was w<sup>th</sup> twins, the head was extremely small therefore it was no matter in what way it came down.

Sometimes this presentation is different the fontanel may not be exact in the middle of the passage but nearest to the pubis of the two the vertex is lower down and rather presenting.

Writers in this case advise turning the child but this rule is fallacious for we have seldom an opportunity of knowing whether the fontanelle presents till it is low down & then it will come very easily. I never had occasion to turn in the fontanelle presented, the best rule is w<sup>h</sup> the fontanelle does present exactly in the middle of the passage towards the Occiput to let it come down in the same



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same direction which will be most com-  
monly effected by the natural pains - but  
if any particular symptom happen it will  
be necessary to dilate the Os externum,  
& apply the blades under, Ischium,  
When they are locked move from blade to  
blade, keeping the handles back towards  
the perineum, to prevent the force from  
being compressed against the Pubis -  
proceed slowly & frequently examining whe-  
ther the chin is disengaged from pubis,  
if it is raise the handles with great  
care to support the perineum & bring  
out the head according to the axis vaginae  
but be sure not to raise the handles till  
the chin is disengaged for if you do you  
will not only lacerate the perineum but  
break the jaw of the child - In all for-  
tune & cases w<sup>ch</sup> they do not come down in y<sup>e</sup>  
same direction, observe to make the  
mechanical turn (i.e) to push y<sup>e</sup> head  
to the brim of the pelvis & reduce the  
largest diameter of it to the brim &  
bring it down with the ears to the ischia  
& pubis & deliver as in y<sup>e</sup> 2<sup>d</sup> case



second case - When the fontanel is near the  
pubis & the vertex is lower, in this case having  
applied the forceps we should endeavour to  
make the mechanical turn bringing the  
Vertex under the pubis w.<sup>ch</sup> is the method  
nature requires.

### Lecture 12<sup>th</sup> On Face Cases.

These are divided into three species, 1<sup>st</sup> The  
face presenting w.<sup>th</sup> the chin to the, Side of  
the pelvis. 2<sup>d</sup> When the face presents with  
the chin to the sacrum. 3<sup>d</sup> When the  
face presents w.<sup>th</sup> the chin to the pubis.  
In all these cases the best practice is to  
turn in general if called in time before  
the uterus contracts, but - if the labor  
is going on the best rule here as in labor-  
ious cases in general is to have patience  
before the head is come down within the  
brim of the pelvis - then if she has any  
bad symptoms we may use the forceps  
and extract, that if nature is left to her  
self she will in general do the business.  
In a narrow pelvis tis best to turn if  
called.



be called in time, or reduce it to its natural situa-  
tion for w<sup>th</sup> the face offers we can seldom open  
the head to let the brain out. In a pro-  
per measuring from pubis to sacrum 4 or 5  
Inches the woman will be delivered by  
Nature — If the face presents & if can be dis-  
covered in time & the O<sup>f</sup> time sufficiently  
by opening, the most desirable method is to  
break the membranes & turn the child —  
but this is a disagreeable circumstance when  
the membranes break before the O<sup>f</sup> time is  
well opened as is often the case from an  
irregular surface w<sup>ch</sup> retards the labour greatly.  
The O<sup>f</sup> time dilates then, but very slow  
and w<sup>th</sup> more pain of w<sup>ch</sup> by 12 Membranes.  
In such a case, a forced dilatation must not  
be attempted unless the symptoms are  
very urgent. I recollect a case where a  
M<sup>r</sup> Charvillat of Cavendish Square was  
called by a midwife to deliver a face case  
w<sup>ch</sup> unfortunately happened to be the  
first — he proceeded to dilate the O<sup>f</sup> time  
by ~~opening~~ <sup>proceeding</sup> but with all his force he could  
not get his fingers as high up as his  
kneekle,



knuckles, and failing another was called  
in, & he, thinking there had not been  
force enough used, increased it, but after  
failing in this attempt he sent for Dr.  
Smellie & Barnard to share the blame,  
Smellie s<sup>d</sup> he had never failed in such a case  
& proceeded to dilate the parts by scoop,  
but here he found himself deceived - af-  
ter trying above an hour the woman died.  
I am now well satisfied had the labour been  
suffered to go on of itself the natural pain  
would have opened the Os tence, & in all  
probability every thing would have proceed-  
ed happily - There is not great diffi-  
culty in dilating the Os tence, after it  
has been opened by the bag of waters, as  
it is not so rigid & of consequence gives  
no great resistance.



### Lecture 13<sup>th</sup> First Face Case

The face presenting with the chin to the pubis - first dilate the Os externum with the hand well landed, very slowly, then (the woman placed in a proper position on her back) extract leisurely with the forceps applied to the sides & keeping the handles as much as possible back, till you get out the chin, which being disengaged from the pubis, raise the handles upward, and proceed to bring the head out in the half round turn to save y<sup>e</sup> perineum -

### Lecture 14<sup>th</sup> May 2<sup>d</sup> face Case

The chin to the Os sacrum, the woman lying on her back, the forceps must be applied with the handles inclining backwards as much as possible, otherwise they will slip towards the Nape of the Neck & render the operation tedious & difficult. In extracting you endeavour to bring the head down in that direction, & if you meet with much resistance push it up and turn the face to one Side, and when the chin



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chin is disengaged from under the Ischium it  
may be turned up under the pubis - then  
the same rule is to be observed as in the  
preceeding case, this is the most difficult  
face case the nature will sometimes de-  
liver the child in this situation -  
The mechanical method of delivery may be ob-  
served in all these cases, in this more especially

Third face case - The chin to the side  
of the pelvis - In this case before the  
forceps are applied, it will be necessary  
to know which side the face is to as the head is to  
be turned into the hollow of the Sacrum, on that  
side which may first be known by its not being  
filled, as the other is by the vertex. But if that  
does not give satisfaction it will be best to  
feel for the ear under the pubis - The  
woman is first to be laid on her side the parts  
disinfect with the hand, & the first blade  
introduced in the sacrum, the other un-  
der the pubis w<sup>th</sup> great care, lest any  
part of the woman be engaged in y<sup>e</sup> for-  
ceps they are then to be tied w<sup>th</sup> a gar-  
ter & the woman to be put in a proper  
posture



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prosthure. — If the head is very high the  
curved forceps are the best, but the handles  
must be kept back to prevent the blades  
from hurting the sacrum. — Where the  
natural pains deliver in these cases they  
are generally very tedious.

The uterus is liable to get a very disagree-  
able situation from some sudden shock or  
jerk, in such cases introduce the finger  
up the Vagina & endeavour to reduce it to  
its former place. — If it should produce  
suppression of Urine, after drawing it  
off 2 or 3 times & relaxing the bowels by  
Clysters the reduction may be attempted  
with the finger &c. Anura. — But if this  
fails the hand must be introduced into  
the Vagina & thus reduce it. —



## Lecture 15<sup>th</sup> Preternatural Labor.

Preternatural cases are divided into three Cases the first is w<sup>h</sup> one of both feet breech or knees present - the second is flooding or anything that renders turning necessary & the third is w<sup>h</sup> the superior parts present as the head with the Navel string, Neck, shoulders arms &c. In flooding cases it is necessary to know w<sup>h</sup> foot presents, w<sup>h</sup> is discovered by y<sup>e</sup> great toe. - It is best to bring down both the feet at once if possible, but if one presents w<sup>h</sup> the other up to the belly, it may be extracted in that manner. In all preternat. Cases w<sup>h</sup> the Nape are brought beyond the Os Externum, the fore part of the Child are to be brought to the back of the Mother &c. If you find a resistance in extracting the head, as its greatest diameter is towards the smallest of the Pelvis, the hand must be introduced and the head turned toward the side. In all Breech cases except when the Child is very low or when the legs are up to the Breast with the Belly to that of the mother, it is to be pushed up and the toes laid hold of and brought down in the easiest direction. —



The breech presenting with the fore parts to that of the mother, if the legs are up to the breast, and the funis not engaged the pelvis well formed the child may be suffered to come away in that situation and the four fingers hooked to the thighs to facilitate delivery. If this should at any time fail, recourse must be had to the blunt hook. In a narrow pelvis when the head is in danger of being left behind —

The curved forceps may be applied, and if this Method fails the Cratchet must be used — And with the assistance of another person the body and head may be brought away together —

## Sect. 16.<sup>th</sup> <sup>Præmature</sup> Prætermatural Births

In this we consider the operative part. In all flooding cases where the woman has lost a large quantity of blood has pains at times in her head with giddiness face pale & wan, slight faintings, of times a little opened but no labour pains, & she is still bleeding, all methods proving ineffectual, we are to pronounce the case dangerous & prudent

-ly to



to life. it to her Friends:— proceed then  
to delivery for it is absolutely necessary. If  
pains come on in the time & gradually en-  
crease the woman not losing much blood  
we may suffer it to go on & nature will fre-  
quently deliver herself. If the Os tin-  
ca is greatly dilated tis a bad Sign, as it  
shews that the woman has lost too great  
a quantity of blood, her strength is impaired  
& her habit in general so much weakened  
that delivery w<sup>d</sup> rather tend to hasten  
death, in this case it behoves us to con-  
sider the concomitant symptoms before  
we attempt it & if her fate seems incoit-  
able rather let it be imputed to the  
right cause, (ie the labour) than to you  
as in all probability it would were you  
to deliver her — It is always a desir-  
able circumstance (if called to a woman  
under such symptoms) to find the Os  
tinca dilated so as to admit one or two  
fingers & giving way to a little force, as  
then we may dilate it & go up & down —  
The best way of dilating is to go up with  
one finger then another &c. in the most  
gentle manner. The greatest resistance  
will



will beat the collum uteri. When the knuckle  
comes at the Os tinca. we always find success-  
by withdrawing them resisting a little & then  
work again. Repeat this process till  
you find the resistance quite overcome &  
your hand easily admitted into the uterus,  
the Os tinca sufficiently dilated for y<sup>e</sup> head to  
come out. Then break the membranes  
immediately, push up for the child that you  
may stop the waters with your hand by w<sup>h</sup>  
means you will turn more easily & remem-  
bering when your hand is introduced  
never to withdraw it without bringing down  
the feet lest the waters run out the  
uterus contracts round the body of the  
child as then there will be great difficulty  
in getting up to the feet & much greater  
in turning & extracting by the feet. Rest  
a little while & proceed again slowly.  
Take twenty or thirty minutes to deliver  
& at the same time let an assistant press  
upon the belly of the mother so as to  
make an equal pressure to that of the  
child that the uterus may have time to  
contract & that the flooding may be di-  
minished - at the same time it will



will be proper to supply the woman  
with jellies cordials &c to enable her to  
suffer the discharge. If the flooding sh<sup>d</sup>  
be diminished after delivery let her  
rest & wait for nature to expel the pla-  
centa w<sup>ch</sup> generally happens very  
soon. (If the flooding is violent you  
must extract it & bring away gently the  
grosser blood. In all cases it is prudent  
to let nature go on if the pains are vio-  
lent, but if there are no pains, flood-  
ing & the 4<sup>th</sup> time, or more we must de-  
liver. In most flooding cases the Placen-  
ta adheres to y<sup>e</sup> 4<sup>th</sup> time. The nearer  
the woman is to her time in floodings  
the more danger as the diameter of the  
Vessel is increased, & consequently more  
blood lost by giving time. If the pla-  
centa adheres to the middle of y<sup>e</sup> 4<sup>th</sup> time  
I would advise gently to introduce one  
finger after the other, but if the flood  
is slight & the 4<sup>th</sup> time not dilated  
it is best to wait a little, till it becomes  
soft & then pass it slowly for fear of  
lacerat



72 Lacerating - Moodings from tumors are  
commonly instantaneous, therefore the  
most dangerous, hence forcible delivery is  
necessary - If there are tumors after the  
delivery of the first wait some time before  
the second is delivered, If there are no blood  
ing support the patient with cordials  
& nature will most likely be sufficient.  
If before the membranes are broke you  
can distinguish the leg Arm or joints  
swimming in the waters break the  
membranes & turn as above - In  
these dangerous cases tis prudent to  
inform the friends of the patient of  
them & to consult some established  
Practitioner.

## Lecture V<sup>th</sup> On Twins -

It is a general rule after delivery before the  
extraction of the placenta to examine with  
the hand on the Abdomen the state of the U  
terus, as sometimes feels soft and at o  
thers hard as a foot ball just above the  
Of pubis, but if it is hard & extended  
(above)



above the Navel we may conclude there is  
another child. In twin cases sometimes the  
first child presents right and is delivered by  
the natural pains, but the second presents  
wrong & is to be turned & brought away by the  
force - If having waited twenty or thirty  
minutes & no pain comes on we should pro-  
ceed to turn - but will be necessary for an  
assistant to make a pressure on the abdo-  
men lest the woman should faint, and die  
immediately - Women after delivery lose  
a quantity of blood & the coagulum thrown  
off by the uterine contractions cause the  
after-pains - The lochia continues to flow  
two or three days after delivery & afterwards  
becomes serous, at this time the <sup>good</sup> women  
call them the green waters - In luxuriant  
women this discharge continues three  
weeks or a month - In delicate wo-  
men it will be dangerous to take away  
the placenta till the uterus is contract-  
ed & when it is, it feels like a hard ball  
above the Os pubis, nor is it advisable  
to be



Not to be harsh in the delivery even in a robust constitution but wait till the rapidity of the circulation caused by the labor is abated lest a flooding should ensue. When the os ~~terica~~ <sup>terica</sup> is contracted, if the placenta is not delivered, we must introduce the hand to dilate the passage.

Lecture 10.<sup>th</sup> On the narrow Pelvis. Where a pelvis measures less than three Inches from pubis to sacrum, tis impossible for the natural pains to bring forth the child, therefore the use of the instruments in this case is necessary, it is likewise necessary to let the labour go on till the head is quite engaged in the bones of the pelvis, or the uterus so contracted as to prevent the head receding when the forceps are applied. If the pains are violent the labor must not be permitted to go on so long as when they are weaker, for the pressure of the head being very great may bring on an inflammation.



75  
action, & perhaps a mortification of the part.  
It is very agreeable when the vertex or any  
part between the anterior and posterior fontanelle  
presents for when the parts of the parietal bones  
are rent there is danger of the face's falling into  
the passage, w<sup>ch</sup> would make it a most  
difficult case. here both the blades of the  
crotchet must be used and applied to the  
Vertex. before we begin to operate we  
must carefully distinguish the presentation  
that is the face or any other part present  
we may reduce it to a vertex case.  
When the child lies across the uterus, y<sup>e</sup>  
stimulus will chiefly be to the sides of the  
pelvis. As the contraction will be, very con-  
siderable, we must try to reduce y<sup>e</sup> child to  
its natural situation. — I recollect an  
instance where the Pelvis was but an inch  
& a half from pubis to sacrum & yet after the  
head was opened the bones wrapt over  
each other & the woman w<sup>th</sup> some assistance  
was delivered by the natural pains.  
It will never be prudent to turn in a narrow  
pelvis nor apply the forceps till the head  
is within.

La Motte



24. The Matter's scissors w<sup>ch</sup> of a sufficient length  
are the best Instruments for opening the Head,  
the operation to be performed in y<sup>e</sup> following manner  
first introduce the left hand well annointed into  
the passage & conduct the point of the scissors  
along the palm of it to y<sup>e</sup> part of the head we  
presently directing them w<sup>th</sup> y<sup>e</sup> finger that the  
points do not slip between the scalp & the Crania-  
rium then gradually drill a hole in the skull  
withdraw the hand a little then open the scissors  
wide, return them in a contrary direction shut  
and open them again so as to make a crucial  
opening & then shut & draw them. If the  
brain should not come out freely scoop them  
out with the smaller end of the blunt hook or with  
one end of the forceps. — Now wait an  
hour or two for paines w<sup>ch</sup> will gradually  
come on and give great assistance.  
Remember to leave the scalp scraped over  
the bones that they may not hurt the Matter.  
If napkins come on the hand must be  
introduced to lay hold of the bone within  
side of the skull in order to extract them.  
If the hands are insufficient the curved



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forceps may be tried as they lessen the head  
and we can use more force w<sup>th</sup> them they will  
frequently succeed - If these fail the crotchet  
it must be used but this will seldom be  
necessary if the head has been sufficient  
ly opened & the texture of the brain de-  
stroyed - When you use the curved  
crotchet introduce the hand as before  
then slide it along the palm of the hand  
with the concave side towards the sacrum  
That it may not hurt the uterus, fix  
it in a proper place, such as the os petiose  
et Maxilla inferior &c. & sometimes both  
crotchets must be used, if so lock them in  
the same manner as the Forceps -  
In working with the crotchet use very  
little force. - When the body of the child  
is delivered & the head left in utero too  
high to be expelled by the natural pains  
recourse must be had to the crotchet -  
When the head is large and the pel-  
vis narrow the scissors must be made  
use of to open the head. If it rolls  
(about



about in the pelvis, an assistant must  
 press upon the Abdomen to keep it steady.  
 If this pressure is not sufficient, the  
 cratchet must be applied, one or both  
 blades to keep the head firm in its  
 place - When the woman is exhausted  
 by fainting or violent bleedings, we must  
 try every method to extract the head as  
 soon as possible, always remembering  
 before we apply the cratchet to en-  
 deavour to get the head open w<sup>th</sup> forceps -

(The con -



# The concluding Lectures.

On the treatment of lying-in women  
and the management of children during  
the Month — In regard to the caesarean  
operation, every particular belonging to  
it may be found in Keister's Surgery —

If ever you are called to perform it, re-  
member that the intestines lie between  
the abdominal muscles & the uterus  
and we must be very cautious not to  
wound them.

## On the Prolapsus Uteri.

The most common cause of this is the woman  
getting up too soon after delivery before the ligan-  
ents have recovered their proper tone. Rest  
and keeping the body supine will prove the  
greatest benefit. Prolapsus is very dif-  
ficult to reduce and using force causes much  
hurt. — It is best to let them alone a little  
while and wait a more favorable opportunity.  
If there is an inflammation we must remove it  
before we attempt the Reduction. (The



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The women themselves often reduce them  
better than we do. When it is reduced a  
pessary must be applied to prevent its  
falling down again. Astringent so-  
mentations are also used. The wooden  
pessary will do very well and may be con-  
tinued for many years in the vagina.  
These made of cork, wax, &c. are lighter than  
wood but are very spongy and not so good.  
We sh<sup>d</sup>. first try a small pessary as it would  
give less pain. If we meet with much  
resistance in introducing it, we must by  
altering the woman's position (raising  
her back) try to render the passage more open.  
The pessary introduced according to the  
axis vagina with one edge towards the  
perineum. Observe to anoint it well w<sup>th</sup>  
pomatum. If it should give much  
pain take it out and try another. Never  
be in a hurry or use much force lest you  
injure the parts & an inflammation be  
brought on w<sup>ch</sup> may produce bad  
consequences.

(On flooding after



# On floodings after delivery

There is always some blood left after delivery about  $\frac{3}{4}$  or  $\frac{1}{2}$  - If there is some little bleeding after it and the patient is plethoric, it is of service, but if the pulse sink from too copious a flux of blood or faintings intervene, it claims our most serious care.

When the uterus is contracted like a hard ball above the pubis, there is little danger of flooding if the placenta has not been forcibly taken away. Flooding

after delivery may happen from hard labour or violent separations of the placenta and from extraneous body left in utero. From a pletho-

ra or debility - In both these last cases we should not be in a hurry to bring away the placenta.

Floodings from debility are the most dangerous as the blood flows from plen. Riva here is improper to introduce y<sup>e</sup> hand to separate the placenta from the fundus uteri - We ought to supply the woman w<sup>th</sup> broth jellies & by waiting an hour or two for the contraction of the uterus, the placenta will be brought away with ease & safety. Extraneous bodies (such



such as a portion of the placenta or a coagulum of blood should be left to be expelled by y<sup>e</sup> natural pains & the hand must not be introduced unless there is dangerous floodings —

Floodings coming on when no violence has been offered are extremely perplexing. —

Ligatures to the joints, wet clothes to the loins, parts of generation, Temple &c. are of service. — A sponge dist in a styptic liquor, & thrust up the vagina, keeping the legs close (and directing her to lie quiet may be tried but we must not expect much from its use. — Floodings will not cease till the uterus contracts & closes the Cervix.

### On the Inversion Uteri.

This may happen from too much force being used at pulling at the funis. This generally proves fatal. If sent for in time return it observing not to have any part of the fundus engaged in the Os timea. Very delicate women should be delivered in bed — If the patient proves weak from blood, faint, &c. remove the wet clothes and let her lie still till perfectly recovered.

(On After Pains)



# On after pains —

After delivery the nurse give nutmeg  
the french Capillaire w<sup>th</sup> some preser<sup>ve</sup> to  
the spermatic draughts, If there's pain  
give a few drops of  $\mathcal{R}$ . Thebaic unless  
the patient is hot and feverish, or agitated  
and tie the first child. When a woman  
has had several children, the after pains  
are very troublesome, the use of opiate  
are then proper. Formerly it was  
the custom to roll the abdomen but the  
broth sheet is now used & is far prefer-  
able — The after pains of weak hyster-  
ical women generally proceed from blood  
got from the sinuses, whence it forms clots,  
and the uterus expels them — These are  
generally salutary the first twenty four  
hours —  $\mathcal{R}$ . Thebaic may be given in small  
doses, if the pains continue, longer there is  
danger, & a bladder of warm fomentation  
should be applied to the abdomen — Also  
Blisters and diaphoretics if required —  
 $\mathcal{R}$ .ad. contrayerva & sperm. cet. may be  
given — Sometimes the pains proceed  
from the last mentioned disorder —  
Too much care cannot be taken for two



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or three days after lying in, the patient is  
apt especially in summer time to throw  
her arms out of bed & to put the clothes  
off her which may occasion much mischief.

### On the treatment of the Breasts.

Applications to Breasts are now general-  
ly laid aside, all we have to do is to let the  
woman does not give much to cover  
them, with flannel or rub the skin &  
not let them be irritated by any thing.  
If hard knots form in the breasts they  
must be well drawn down till  
they are removed - Suppuration rarely  
ensues.

### On the Diet.

The woman's diet for two or three days after  
delivery should be white, or brown gruel.  
The latter is water gruel with a portion of  
Ale, a little spice, &c.  
The former is the same only instead of  
Ale use wine. Water-gruel alone  
is as good as either. Strong broth  
should not be given but that of the chicken  
may with safety. No flesh for the first  
seven or eight days.

(On a Lockia)



## On the Lechial Fever

The causes of this are either violent affections of the mind such as Grief, Depression, & drinking of strong liquors, or obstructed perspiration. The symptoms are, first a very low creeping pulse, which afterwards becomes quick, hard, strong, at other times quick & low with shiverings, pains in the breasts succeeded by heat, pain in the side, rough and dry skin, hardness of the Abdomen &c. If the fever encreases, the belly becomes tense and swells so very painful that the woman cannot turn in bed or suffer a hot cloth to touch her. If these symptoms become violent for 24 hours there is great danger the uterus inflames & becomes putrid & discharges a fetid sanies.

On the fourth day if not before the fever becomes of the putrid kind & the pains come on in the arms head & thighs, succeeded by a black discoloration of the skin, occasioned by the blood stagnating in its vessels now follow a delirium, symptomatic sweat, stools or colligative sweats, all the viscera are generally affected & about the seventh day the patient dies. Lechial fevers proceeding from affections of the mind generally prove fatal (when



Of When from catching cold & y<sup>e</sup> woman of a  
good constitution & has but slight pains of  
the abdomen & sides & takes care of herself  
at the approach of the disorder, there is hopes  
she may do well. That produced by obstructed  
perspiration is best relieved by spermin. ceti  
draughts cum gutt. s. e. l. l. & a few grs of  
y<sup>e</sup> P. d. Contray. giving frequently draughts  
of warm diluting liquors — If gentle  
breathing sweats come on this method  
often succeeds. — Tho' tis an inflamato-  
ry disorder it ought not always to be treated  
as such, on this acct. U. f. ought to be de-  
ferred for the first 24 hours. Letting women  
in their first lying in bear bleeding best —  
Tho' the pulse of women who've had  
many children be quick & full they  
never bear U. f. so well — Nervous  
& hysterical women seldom bear bleeding  
therefore if ever it be necessary it  
should be in small quantities — This rule  
shd always be observed in these cases, as  
it does not appear that diseases of the  
viscera in either sex are relieved by U. f.  
if bleeding be prescribed after three days  
of its approach it is prejudicial — There is  
an instance in Italy of a woman that  
was bled 13 times — The French bleed  
four



four hours after delivery yet we must  
remember it is a very disagreeable operation  
for the woman & should she die we would be  
blamed for it as they think there is blood  
enough left in y. Labour — It must be  
acknowledged that bleeding in some cases  
has been of the most signal advantage. I have  
a good opinion of Nitre but observing so small  
a quantity as ʒss goes such way of my patient  
is conceivably, I w<sup>d</sup>. Advise if you use it  
not to exceed ʒss in a dose & gradually en-  
crease it if the fever goes on so long that —  
I formerly used Sp. Minder. but now think  
that it causes excessive sweats & sometimes  
stools. — Warm medicines such as pulv.  
myrrh. c. have been of great detriment  
to patients — They are scarce ever proper —  
Bladders of warm water applied to the  
pudder & may be of service. —  
When putridity is coming on y. patient  
seems to be better, this is a most fatal  
sign & the utmost skill of the physician  
is required to prevent the approaching  
storm — As this fever is most fatal  
so it is most common in the warm  
months — When the patient is very  
laxum so often going to stool y. I use  
e creta cum Alg. Cinnamon, is a good remedy  
though



88. Stronger astringents should never be used a  
first upon the whole you best succeed by good  
nursing, i.e. keeping the Woman warm & pro-  
moting perspiration & this is the best Method  
that has been found out to be of service.

### On the Milk Fever.

This may be owing to the same causes as the  
former. It comes on usually about the third  
Day & requires the same treatment. The flow-  
ing of the milk ought always to be encouraged  
till the 4<sup>th</sup> or 5<sup>th</sup> Day as then the danger is  
over & the milk may be with safety dried up.  
Repellents should never be used as they pro-  
duce the most fatal consequences. The ear-  
lier the Milk fever comes on the more dan-  
ger is to be apprehended. For relieving  
the true hysterical symptoms warm medi-  
cines are the most proper & bleedings hurtful.  
At the end of the month gentle laxatives sh<sup>d</sup>  
be given if necessary.

### On the Management of Children.

On this subject consult Hoffman Harris and  
Cadogan. If the child is born bleed either at  
the Umbilicus or Jugulars. After delivery is  
the forceps we ought carefully to examine whe-  
ther any part is hurt as the vagina, penis,  
(and



these are closed sometimes by a  
muscle. ~~quires to be taken away.~~ If  
the Myrmec. imperforated, an incision must  
be made, throw it & the line of the wound  
kept from uniting by introducing terebinth.  
When the passage of the urina is blocked up  
by a thin membrane, it may be opened by  
a lancet, but if the rectum seems closed  
higher up, a Trocar is the most proper instru-  
ment. Mole-shot heaves come to shape  
improper times, without any assistance.  
The child's limbs will often remain in the  
situation they were confined in the uterus.  
The cure consists in often extending them in  
a contrary direction. Almost all diseases  
of children proceed from acidities in y. prime  
vie, & are relieved by Rhubarb & Absorbents.  
Magnes. alb. very good & safe for a new  
born child. Breast milk, however is the  
best remedy, and frequently succeeds when  
every other fails. Nurses milk is of a good  
consistence when a drop put on the nail neither  
sticks nor runs off immediately but gently  
slides away. The yellow milk is best  
no means to be recommended as its colour  
proceeds from a venereal complaint or  
some other bad disorder (Conquest)



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Gentl. H. Waller's Annotations  
Baerhaave de lacte.

Buffon's table of the different sizes of an  
Embryo.

1 month ————— 1 Inch

2 —————  $2\frac{1}{2}$

3 —————  $3\frac{1}{2}$

4 ————— 5

5 —————  $6\frac{1}{2}$

6 —————  $8\frac{1}{2}$

7 ————— 11

8 ————— 14

9 ————— 18

W. J. N. S. S.

March 29th AD 1783.



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3<sup>o</sup> Consult Haller's Annotation  
Boerhaave de lacte.

Buffon's table of the different sizes of an  
Embryo







